

STATE PERSONNEL BOARD  
**EEO SERVICE AGREEMENT**  
 SPB Form AAP04 (3/01)

**Attachment 2**

**Fiscal Year:**

**Number:**

This is an agreement between the Department of \_\_\_\_\_ and the State Personnel Board (Board) for the products and/or services indicated below in order to comply with the requirements of Government Code Section 19232 and 19790 to conduct an annual work force analysis and to establish appropriate employment goals.

PRODUCTS AND SERVICES	COST	To Order Fill In \$
<b>Utilization Data Reports</b> (State work force, relevant labor force, intake, and utilization data)  Reports for standardized occupational groups will be routinely produced by SPB without Departments requesting them. Departments must agree to reimburse the SPB for the reports before receiving them according to the fee schedule below by signing this form.  Please submit requests for any additional special data reports by completing SPB Form AAP01, <i>Request for Equal Employment Opportunity Data Reports</i> .  <b>Fee Schedule:</b> 1st 20 reports (1-20)      \$35.00 ea. Next 20 reports (21-40)    \$25.00 ea. Next 20 reports (41-60)    \$20.00 ea. Next 40 reports (61-100) \$15.00 ea. 101+ reports                      \$10.00 ea.  Total Reports Ordered: _____	(See Fee Schedule)	
<b>Goals and Timetables Training Course</b> (Includes 1 day training class and copy of the procedures manual)	No Charge	
<b>Manual: <i>Procedural Guidelines for Establishing Equal Employment Opportunity Goals and Timetables</i></b>	No Charge	
<b>U.S. Census Report</b> (Statewide labor force data for 512 occupational groups)	No Charge	
<b>Upward Mobility Training and Reports</b> (Included in Goals and Timetables Training Course)	No Additional Cost	
<b>TOTAL: \$</b>		

**(SEE REVERSE FOR PAYMENT INSTRUCTIONS)**

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**EEO SERVICE AGREEMENT – CONT'D**

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Payment is due within thirty (30) days of receipt of the invoice. Invoices will be submitted in duplicate for the total amount due. **Please indicate where invoices should be sent for payment.**

**Note: Check the box if payment is to be charged to the department's Consolidated Services Contract with SPB:**

☐

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Authorized By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HAVE QUESTIONS OR NEED ASSISTANCE? CONTACT:**

**Civil Rights Programs Unit  
(916) 653-1161 or TDD (916) 653-1498  
FAX (916) 653-4145**

\_\_\_\_\_  
(For SPB Use Only)

Fiscal Office is authorized to invoice the Department for the following items and amounts:

(1)	\$	_____
(2)	\$	_____
(3)	\$	_____
(4)	\$	_____
(5)	\$	_____
(6)	\$	_____

**TOTAL TO BE BILLED: \$** \_\_\_\_\_

**Analysts Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_